

FORM D



UNITED STATES ECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2004 Estimated average burden Hours per response. 16.00

SEC USE ONLY							
Prefix Serial							
DATE RECEIVED							

Name of Offering (☐ check	if this is an amendment ar	nd name has change	d, and indicate chan	ge.)	
FSM Gleneagles, L.P. Partner Loans					
Filing Under (Check box(es) that apply):	□ Rule 504		⊠Rule 506	⊠Section 4(6)	☑ ULOE
Type of Filing: ⊠ New Filing [Amendment				
-	A. BASIC	IDENTIFICATIO	N DATA		
1. Enter the information requested about the	issuer				
Name of Issuer: (check if this is an are FSM Gleneagles, L.P.	nendment and name has char	nged, and indicate chan	ge.)		
Address of Executive Offices 200 Spruce Street, Denver, CO 80230	(Number and Street, City,	State, Zip Code)		one Number (Including 21-1000	g Area Code)
Address of Principal Business Operations (No. (if different from Executive Offices)	umber and Street, City, State N/A	, Zip Code)	Teleph N/A	one Number (Including	g Area Code)
Brief Description of Business					
Owner and operator of an apartment complex					
Type of Business Organization Corporation	☑ limited partnership, alread	ly formed	oth	er (please specify:)	BOCESSEN
business trust	limited partnership, to be	formed		1	ROCESSED OCT 21 2003
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization		Year 9 3 Act	ual Estimated		THOMSON FINANCIAL
- Indication of Moorporation of Organization	•		other foreign jurisdict	ion) C O	•

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
• Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) SMI Gleneagles Management, Inc.
Business or Residence Address (Number and Street, City, State, Zip Code) 200 Spruce Street, Denver, CO 80230
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Miller, Andrew S.
Business or Residence Address (Number and Street, City, State, Zip Code)
200 Spruce Street, Denver, CO 80230 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Sevo, John, M.
Business or Residence Address (Number and Street, City, State, Zip Code) 200 Spruce Street, Denver, CO 80230
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual) Morgan, Thomas H.
Business or Residence Address (Number and Street, City, State, Zip Code) 200 Spruce Street, Denver, CO 80230
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

					- ·	NEODEC	77.031.43	DOLLE OF						
					B. 11	NFORMA	CTION A	BOUT OF	FERING	· · · · · · · · · · · · · · · · · · ·			Yes	No
1.	Has the issu	er sold, or	does the i	ssuer inte	nd to sell,	to non-acc	redited in	vestors in	this offeri	ng?				
			Answei	also in A	ppendix,	Column 2,	if filing u	nder ULC	E.					
2.	What is the	minimum	investmen	t that will	be accept	ed from ar	ny individ	ual?					9	52,282
													Yes	No
3.	Does the off	fering perr	nit joint ov	vnership o	of a single	unit?					•••••			
4.	Enter the in commission person to be list the nam dealer, you	or similar listed is a e of the b may set fo	remunera in associate roker or d rth the inf	tion for seed person ealer. If to ormation to	olicitation or agent c more than	of purcha of a broker five (5) p	sers in cor or dealer ersons to	nnection v registered	vith sales o with the S	of securities SEC and/o	es in the c r with a st	offering. It	fa es,	
Ful	l Name (Last	name first	, if individ	ual)										
N/A														
Bus	siness or Resid	dence Add	ress (Num	ber and S	treet, City	, State, Zip	Code)							***
Naı	ne of Associa	ted Broke	r or Deale	*								 -		
_			<u></u>											
Sta	tes in Which I												_	
	(Check "All	States" or	r check ind	lividual St	tates)			••••••	••••••					All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Ful	l Name (Last	name first	, if individ	lual)										
Bus	siness or Resid	dence Add	lress (Num	ber and S	treet, City	, State, Zip	o Code)							
Naı	ne of Associa	ted Broke	r or Deale	•										
Sta	tes in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	ırchasers					=		
	(Check "All													All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	- Tim States
Ful	l Name (Last	name first	, if individ	lual)										
Bus	siness or Resid	dence Add	lress (Num	iber and S	treet, City	, State, Zi _l	p Code)							
Naı	me of Associa	ted Broke	r or Deale	r										
Sta	tes in Which I	Person Lis	ted Has So	olicited or	Intends to	Solicit Pu	ırchasers						<u> </u>	
	(Check "All													All States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet as necessary.)

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEED	S	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amount of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	:	Amount Already Sold
	Debt	\$350,000		\$0
	Equity	\$		\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		\$
,	and the second of the second o			
	Partnership Interests	\$		\$
	Other (Specify)	\$		\$
	Total	\$350,000		\$0
	Answer also in Appendix, Column 3, if filing under ULOE.			
offe ind	ter the number of accredited and non-accredited investors who have purchased securities in this ering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, icate the number of persons who have purchased securities and the aggregate dollar amount of ir purchases on the total lines. Enter "0" if answer is "none" or "zero".	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.			
	Turns of offshing	Type of Security		Dollar Amount Sold
	Type of offering	•		
	Rule 505 Convertible Securities			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees.			\$
	Printing and Engraving Costs		\boxtimes	\$1,000
	Legal Fees		\boxtimes	\$14,000
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify) Travel, Telephone, Courier, Copying, etc.		\boxtimes	\$10,000
	Total		\boxtimes	\$25,000

2.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."	\$325,000
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.	
above.	Payments to Officers, Directors, & Payments To Affiliates Others
Salaries and fees	🔲 \$
Purchase of real estate	🗆 \$ 🗆 \$
Purchase, rental or leasing and installation of machinery and equipment	🗆 \$ 🗅 \$
Construction or leasing of plant buildings and facilities	🗆 \$ 🗆 \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	🗆 \$
Repayment if indebtedness	🛮 \$ 🖾 \$
Working capital	🗆 \$ 🖾 \$
Other (specify): Exterior Painting	S \$ 74,000
Exterior Carpentry	
Column Totals	
Total Payments Listed (column totals added)	\$ 325,000
D. FEDERAL SIGNATURE	
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If thi signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Con information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ru	mmission, upon written request of its staff, the
Issuer (Print or Type) FSM Gleneagles, L.P. Signature	Date October 13, 2003
Name of Signer (Print or Type) Andrew S. Miller President of SMI Gleneagles Management, Inc. (Issuer's General Partner) Title of Signer (Print or President)	Type)
ATTENTION Intentional misstatements or omissions of fact constitute federal criminal vio	eletions (See 19 U.S.C. 1994)

	E. STATE	SIGNATURE								
1.	1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions Yes of such rule?									
	See Appendix, Colum	mn 5, for state response.								
2.	The undersigned issuer hereby understands to furnish to any sta Form D (17 CFR 239.500) at such time as required by state law	· · · · · · · · · · · · · · · · · · ·	notice is filed, a notice on							
3.	The undersigned issuer hereby undertakes to furnish to the statissuer to offerees.	te administrators, upon written request, info	ormation furnished by the							
4.	The undersigned issuer represents that the issuer is familiar wi Limited Offering Exemption (ULOE) of the state in which availability of this exemption has the burden of establishing that	this notice is filed and understands tha								
	her has read this notification and knows the contents to be true and duly authorized person.	and has duly caused this notice to be significant to a significant control of the significant control	gned on its behalf by the							
Issuer (P	Print or Type)	Signature	Date							
FSM Gl	eneagles, L.P.		October 13, 2003							
	f Signer (Print or Type)	Title of Signer (Print or Type)	.							
	S. Miller	President								
Presiden	t of SMI Gleneagles Management, Inc.	İ								

Instruction:

(Issuer's General Partner)

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPE	NDIX
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1											
	Intend to non-ac investors (Part B	ccredited in State	Type of security and aggregate offering price offered in state* (Part C-Item 1)		Type of investor and Amount purchased in State (Part C-Item 2)						
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No		
AL											
AK											
AZ											
AR		х	\$22,900						х		
CA	·	X	\$21,000						X		
со		X	\$226,000						χ .		
СТ											
DE											
DC											
FL											
GA		x	\$2,900						х		
НІ											
ID											
IL											
IN											
ΙA											
KS											
KY											
LA		Х	\$11,500						Х		
ME											
MD											
MA											
MI				1							
MN											
MS											
MO * Promis	ssory Notes	x	\$5,800		7 of 8				Х		

	APPENDIX									
1		2	3			4		5 Disqualification		
	to non- investo	nd to sell -accredited ors in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)					
				Number of Accredited		Number of Non-Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
MT				·						
NE		X	\$5,800						x	
NV	,		. ,							
NH										
NJ					· 					
NM										
NY										
NC				. *	•					
ND				:						
ОН										
OK	•									
OR										
PA		- · <u>-</u> ··								
RI	_								-	
SC		X	\$32,000						X	
SD					·					
TN										
TX		X	\$18,000						X	
UT										
VT										
VA										
WA										
WV										
WI									-	
WY		X	\$5,800						X	
PR					9 25 9					